



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
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JStokes

1/11/2016

#2346

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ New Registration

☐ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))

☐ Amended Registration:
check all that apply

☐ Change Officers

☐ Change Registered Agent

☐ Change Address

☐ Change Name

Previous Name of PAC

☐ Other:

Name of Committee:

Growth & Opportunity PAC

Mailing Address:

10000 W. Charleston Blvd., Suite 100

Street Name, Number

Las Vegas

City

Telephone:

702-410-6645

NV 89135

State Zip Code

PAC Active Email Address: cathy@andersonfornevada.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

Train, recruit, support and elect candidates.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

D. Paul Anderson

Telephone:

702-234-1233

Physical Address:

6180 Loyal Royal Ct.

Street Name, Number

Las Vegas

City

NV 89131

State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒

Signature of Registered Agent

Date:



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State of Nevada
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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Telephone:

D. Paul Anderson - Agent

702-410-6645

Mailing Address:

10000 W. Charleston Blvd., Suite 100

Las Vegas
City

NV 89135
State Zip Code

Street Name, Number

Telephone:

Officer Name and Title:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X

Printed Name:

Date:

Telephone:

Signature of Representative of Group

SL 400

Revised: 11-6-15